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PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health	
County of <u>Mari Cop</u>		BOARD OF HEALTH	BUREAU OF VITAL STATISTICS 364
District of _____		BUREAU OF VITAL STATISTICS	ORIGINAL CERTIFICATE OF DEATH
Town of _____		Received at PHOENIX	Ter. Index No. <u>148</u>
or _____		MAY 11 1910	County Registered No. <u>264</u>
City of <u>Phoenix</u>			
(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")		(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
FULL NAME <u>Alfred MacDonald</u>		No. <u>127 California</u> St., Ward. _____	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
LENGTH OF RESIDENCE		DATE OF DEATH	
At Place of Death _____ yrs <u>2</u> mos.		<u>Apr</u> / <u>1</u> / <u>1910</u>	
In Arizona _____ yrs <u>3</u> mos.		(month) (day) (year)	
SEX <u>Male</u>	COLOR OR RACE <u>White</u> <u>Chinese</u> <u>Indian</u> <u>Black</u> <u>Mexican</u>	I hereby certify, That I attended deceased from <u>March 4</u> 1910 to <u>April 1</u> 1910	
DATE OF BIRTH _____	AGE <u>about 40</u> years _____ months _____ days	that I last saw him alive on <u>April 1</u> 1910	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widower</u>	BIRTHPLACE (State or foreign country) <u>Scotland</u>	and that death occurred on the date stated above at <u>11:30</u> M	
OCCUPATION <u>Book Keeper</u>	NAME OF FATHER <u>Don't know</u>	The DISEASE or INJURY causing DEATH was as follows:	
BIRTHPLACE OF FATHER (State or foreign country) <u>"</u>	MAIDEN NAME OF MOTHER <u>"</u>	<u>Typhoid enteritis</u>	
BIRTHPLACE OF MOTHER (State or foreign country) <u>"</u>	THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Where contracted _____ Duration <u>8 mo</u>	
Informant <u>Barin</u>	(Address) _____	Contributing cause (if any) _____	
		Where contracted _____ Duration _____	
		(Signed) <u>W. E. L.</u> M.D.	
		19____ Address <u>Phoenix Arizona</u>	
		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
		Former or Usual residence _____ How long at _____ Place of Death _____ Days	
		Place of burial or removal <u>Greenwood Cem</u> Date of burial or removal <u>4/22</u> 1910	
		Undertaker <u>Mount McGowan</u> Address _____	
		Filed <u>Apr. 22</u> 1910 <u>H. H. Beauchamps</u> Local Registrar.	
		Filed <u>4/28</u> 1910 <u>H. A. Hughes</u>	